

# 2015-16

Applications must be mailed to the  
Commission by your school and  
be postmarked by MAY 15, 2015

## Child Development Grant Program NEW APPLICATION

### SECTION I: APPLICANT INFORMATION – TO BE COMPLETED BY APPLICANT (please print or type)

Last Name	First Name	Middle Initial	Social Security Number
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Home Address	City	State	Zip
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Date of Birth (MM/DD/YYYY) / /	Home Phone: ( ) E-mail Address:	Cell Phone: ( )
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My long term objective is to obtain a Child Development Permit for the following level(s):

☐ Teacher    ☐ Master Teacher    ☐ Site Supervisor    ☐ Program Director

2015-16 College of Attendance				
College Name	Street Address	City	State	Zip

I currently hold, or I am eligible to hold a Child Development Permit (NOT CERTIFICATE) from the Commission on Teacher Credentialing (CTC). *(Check all that apply and list date issued.)*

<u>Currently/Eligible to Hold</u>	<u>CTC Permit Issue Date</u>	<u>Currently/Eligible to Hold</u>	<u>CTC Permit Issue Date</u>
<input type="checkbox"/> Assistant Teacher	Date: _____	<input type="checkbox"/> Master Teacher	Date: _____
<input type="checkbox"/> Associate Teacher	Date: _____	<input type="checkbox"/> Site Supervisor	Date: _____
<input type="checkbox"/> Teacher	Date: _____	<input type="checkbox"/> Program Director	Date: _____
<input type="checkbox"/> None of the above			

I understand that to be eligible for the Program, I must:

- ^ Be nominated by a postsecondary educational institution or by my employing agency;
- ^ Attend an eligible California public or private two-year or four-year postsecondary education institution;
- ^ Maintain no less than half-time enrollment and meet the standards of satisfactory academic progress as defined by my postsecondary educational institution and that if I do not comply with this requirement, I understand that I will be withdrawn from the Program;
- ^ Maintain enrollment leading to a Child Development Permit in an institution approved by the Commission on Teacher Credentialing (CTC);
- ^ Complete coursework necessary to obtain the permit listed above within a CTC approved program;
- ^ Be, and hereby certify that I am, a United States citizen or eligible non-citizen and legal resident of California; and
- ^ Meet federal Selective Service filing requirements.

Please continue on Application – Page 2

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# **Child Development Grant Program**

## **APPLICATION • Page 2**

Additionally, I understand that I must:

- ^ Respond to all communications and requests from the Commission within the time indicated;
- ^ Provide written notification to the Commission within 10 days of any change in my legal name, e-mail or physical address, or any change in status that affects my eligibility; and,
- ^ Comply with all conditions cited within this application, all program laws and regulations, and all procedures deemed necessary by the Commission.

I agree that if selected:

- ^ I shall provide one year of service in a licensed child care center in California for every year I receive the Child Development Grant and will provide the Commission with evidence of compliance by completing an Employment Compliance Verification Form, as requested.
- ^ I may appeal any determination of non-compliance with any provisions of the program by submitting my appeal in writing, postmarked within 21 days following the date appearing on the Commission correspondence. Appeals must include a concise statement of the action with which I am dissatisfied and any supporting documentation.

By my signature, I understand and agree that:

- ^ I am applying for the Child Development Grant because I intend to obtain a permit for the level stated above; and
- ^ Receipt of this grant may affect other financial aid assistance;
- ^ My participation in the program will be shared with the State Department of Education and the California State Legislature, as appropriate; and
- ^ No leaves of absence are granted for this program.

I declare under penalty of the laws of the state of California and the United States that I have examined this form and to the best of my knowledge and belief it is true, correct, and complete. I understand that the penalty for submission of fraudulent or incorrect information on this form may be repayment of the grant amount received, with interest and additional penalties under federal or California law. I authorize my school, the California Student Aid Commission, and the California Department of Education to receive and to release my student records, information regarding this application, and other information I have provided concerning my application and grant. I understand that only complete and accurate applications that have been submitted using the required procedures will be considered. I understand that this program is subject to rescission or amendment at any time, resulting in possible changes and reduction or complete loss of funds, notwithstanding the rules or benefits at the time the award is made.

By my signature I acknowledge that I have read and understand the preceding information:

Signature

Date Signed

E-mail Address

Telephone Number

Birth Date

### **OPTIONAL:**

Please indicate gender:

- ☐ Male
- ☐ Female

I describe myself as the following:

- ☐ (1) African American
- ☐ (2) Latino
- ☐ (3) Filipino
- ☐ (4) Pacific Islander
- ☐ (5) Asian
- ☐ (6) American Indian
- ☐ (7) Caucasian
- ☐ (8) Other: \_\_\_\_\_

## Child Development Grant Program • APPLICATION – Page 3

Last Name	First Name	Middle Initial	Social Security Number
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### SECTION II: GPA VERIFICATION TO BE COMPLETED BY SCHOOL OFFICIAL (please print or type)

**Calculate the student's grade point average (GPA) according to the instructions below\* and enter here. GPA must be computed on an un-weighted, 4.00 grading scale.**

(\*Calculate the student's GPA on a 4.00 scale to two decimal places. Failing grades that have not been replaced prior to spring 2015 must be included.)

Fill in all three spaces

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**\*Current high school seniors and students who completed the California High School Proficiency Examination and are no longer in school:** Include all sophomore through senior year grades, excluding those for physical education and Reserve Officer Training Corps.

If the General Education Development test was taken in lieu of high school graduation, please post the test score here: \_\_\_\_\_

**\*College students, regardless of the number of units completed, calculate the current GPA using the following:**

- All college work completed before the application deadline, or
- All college work completed before the deadline, excluding nontransferable courses and courses not counted in computation for admission.

**If a GPA or test score is not available:** A GPA or test score is not mandatory to be considered for this program. However, applicants who do not provide a GPA or test score will not receive points for this component. A GPA or test score represents up to 10 percent of the final score.

Please check box if appropriate: ☐ **NO** GPA or GED test score is being provided.

By my signature, I hereby declare that the above information is true and correct to the best of my knowledge and belief.

Signature of School Official	Printed/Typed Name of Official	E-mail Address
Title of Official	Telephone	Fax
School Name	Date	
School Mailing Address	City	State      Zip

### SECTION III: FINANCIAL NEED INFORMATION TO BE COMPLETED BY SCHOOL OFFICIAL

Please enter the following information, based on the most current information available to the financial aid office, and enter the date of the 2015-16 Student Aid Report (SAR) or date of verification used to provide this information.

Date of 2015-16 SAR or verification used: \_\_\_\_\_ 2015-16 Total Expected Family Contribution (EFC): \_\_\_\_\_

Parent(s') Total Income (if student is dependent): \_\_\_\_\_ Independent Student's Total Income: \_\_\_\_\_

By my signature, I hereby declare that the above information is true and correct to the best of my knowledge and belief.

Signature of School Official	Printed/Typed Name of Official	E-mail address
Title of Official	Telephone	Fax
School Name	Date	
School Mailing Address	City	State      Zip

#### State of California Information Practices Act of 1977 & Use of your Social Security Number (SSN)

State as well as federal law protects the individual's right to privacy in information pertaining to oneself. The State of California Information Practices Act of 1977 requires that the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Maintenance of this information is authorized by Commission policy and the policies of the postsecondary education institutions to which you are applying for aid. Furnishing the information requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. Information furnished on this form may be transmitted to the state and federal governments if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them. The Executive Director of the Commission and the financial aid administrators at the institutions to which you are applying for financial aid are the officials responsible for maintaining the information contained on this form. The SSN is used to verify your identity under record-keeping systems established prior to January 1, 1975, pursuant to authority of the Commission, the California State University, and the California Community Colleges contained in Title 5, California Administrative Code Section 41201, and authority of the Regents of the University of California under Article IX, Section 9 of the California Constitution. The Commission and California public postsecondary education institutions, in compliance with federal statutes and the Equal Protection Clause of the California Constitution, do not discriminate on the basis of race, color, national origin, gender, sexual preference or physical disability in any of their policies, procedures, or practices. Inquiries regarding these equal opportunity policies may be directed to the Commission and to the financial aid office of the school or college to which you are applying.

### Coordinator Responsibilities

A Coordinator can be a member of the faculty or staff at the nominating institution. Coordinators should ensure that all students have access to information about the Child Development Program. Application materials should be provided to all interested students. Institutions may nominate as many students as qualify. Nominees must be listed on the second page of the Coordinator Nomination Form.

#### ► Grade Point Average (GPA)

Institutions must calculate each applicant's GPA according to the instructions provided in Section II of the application.

#### ► Financial Aid Certification

Financial Need Information in Section III of the application requires the financial aid office to certify the expected family contribution and total income amount.

#### ► Nominee Application

A completed application must be submitted for each individual listed on the Coordinator Nomination Form.

### Selection Process

The Commission will select up to 100 new grant recipients each academic year from the nominees submitted. Scoring is competitive and will be based on an applicant's demonstrated financial need and academic achievement, which may include high school grade point average, college grade point average, or academic test scores. Grant recipients and ineligible applicants will be notified of their status after competitive scoring is complete.

### Grant Disbursement

Grant funds will be disbursed by academic term through the postsecondary institution's financial aid office. Receipt of this grant may affect other financial aid for the student.

### Service Commitment

Page 2 of the application includes a section regarding the grant recipient's service commitment. By signing the application, the recipient commits to providing one year of service in a licensed children's center in California for each year of received benefits. Upon obtaining a Child Development Permit, grant recipients must provide the Commission with evidence of compliance with the service commitment on an annual basis.

## Filing Deadline

**All completed application materials must be postmarked by May 15, 2015**

## Questions for the Commission?

### Contact the Commission



In writing:

California Student Aid Commission  
Child Development Grant Program  
PO Box 419029  
Rancho Cordova, CA 95741-9029



By telephone: (888) 224-7268, Option 4  
By Fax: (916) 464-8240



By e-mail: [specialized@csac.ca.gov](mailto:specialized@csac.ca.gov)  
Website: [www.csac.ca.gov](http://www.csac.ca.gov)

Need more applications? Visit our website and under the "Students & Parents" tab, select *Financial Aid Programs*, then select *Child Development Grant Program*, click on the link for the *2015-16 Child Development Grant Program Nomination & Application Packet* and print pages 4 through 6.

# Child Development Grant